

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/16/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155525		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 04/21/2011	
NAME OF PROVIDER OR SUPPLIER SHADY NOOK CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 36 VALLEY DR LAWRENCEBURG, IN47025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/21/11</p> <p>Facility Number: 000304 Provider Number: 155525 AIM Number: 100266810</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Shady Nook Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility with a basement was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 94 and had a census of</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0017 SS=E	<p>76 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 04/27/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following</p> <p>Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 Based on observation and interview, the facility failed to ensure 1 of 4 open use areas was separated from the corridor or met an Exception. LSC 19.3.6.1, Exception # 1, Spaces shall be permitted to be unlimited in area and open to the corridor, provided the following criteria are met: (a) The spaces are not used for patient sleeping rooms, treatment rooms,</p>			K0017	<p>1. Following the LSC survey, the facility contacted Crossman Fire Saftey to install a smoke detector in the C Street dining room.</p> <p>2. Any of the potential 22 residents on C Street would have the potential to be affected by the lack of a smoke detector located in the dining room. The installation of the smoke detector will serve as the corrective action for all residents.</p>		05/21/2011

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	<p>or hazardous areas. (b) The corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 18.3.4, or the smoke compartment in which the space is located is protected throughout by quick-response sprinklers. (c) The open space is protected by an electrically supervised automatic smoke detection system in accordance with 18.3.4, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space. (d) The space does not obstruct access to required exits. This deficient practice could affect 22 resident who reside on the C Hall.</p> <p>Findings include:</p> <p>Based on observation on 04/21/10 at 12:20 p.m. with the maintenance supervisor, the C Hall dining room lacked a door and was open to the corridor. Furthermore, Exception # 1, requirement (c) of the Life Safety Code, Chapter 19.3.6.1 was not met as follows, the open area was not protected by an automatic smoke detection system or arranged to allow direct supervision by facility staff from a continuously staffed area such as a nurses' station. This was verified by the maintenance supervisor at the time of</p>				<p>3. The installation of the smoke detector in the C Street dining room will ensure that there is no recurrence of the finding by the surveyor.</p> <p>4. The Maintenance Supervisor will be responsible to ensure that all smoke detectors are tested by the contractor according to state regulations.</p>		

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K0038 SS=E	<p>observation.</p> <p>3.1-19(b)</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure not more than one delayed egress locking device was provided in any egress path as permitted by NFPA 101 19.2.2.2.4, Exception No. 2, in 1 of 4 egress paths provided with delayed egress locking devices.</p> <p>A.19.2.2.2.4 states, the intent of the provision is that a person following the natural path of the means of egress not encounter more than one delayed release device along that path of travel to an exit. Thus, each door from the multiple floors of a building that opens into an enclosed stair is permitted to have its own delayed release device, but an additional delayed release device is not permitted at the level of exit discharge on the door that discharges people from the enclosed stair to the outside. This deficient practice could affect 22 residents who reside in the C Hall.</p> <p>Findings include:</p> <p>Based on observation on 04/21/11 at 2:30 p.m. with the maintenance supervisor, the</p>			K0038	<p>1. Following the LSC Survey, the facility placed a sign on the outside courtyard gate posting the code required to exit the gate.2. All 12 residents on A Street or any of the potential 28 residents on B Street would have the potential to be affected by encountering more than one delayed release device along the path of travel to an exit. The posting of the code required to exit the gate will serve as the corrective action.3. The posting of the code will ensure that there is no recurrence of the finding by the surveyor.4. The Maintenance Supervisor will be responsible that the sign posted on the courtyard gate remains legible and in good condition. The sign will be observed by the Maintenance Director weekly for the next three months to ensure it's legibility and physical condition. The sign will be replaced immediately if found to be damaged in any way.</p>		05/21/2011

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K0052 SS=F	<p>C Hall exit door and the ten foot sidewalk leading to a gate were both provided with delayed egress locks. This was verified by the maintenance supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on observation, record review and interview; the facility failed to install, test and maintain 1 of 1 fire alarm systems in accordance with NFPA 72, 1999 Edition, National Fire Alarm Code. NFPA 72, 1-5.7.1.2 requires fire alarm systems serving two or more zones shall identify the zone of origin of the alarm initiation by annunciation or coded signal. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the maintenance supervisor on 04/21/11 from 3:00 p.m. to 3:15 p.m., the fire alarm was activated and was then silenced by the maintenance supervisor. The pull station</p>			K0052	<p>1. Following the survey, the facility had David Burns of Crossman Fire Protection review the fire alarm system to assist in this Plan of Correction. Mr. Burns simultaneously tested input devices on zones A Street, B Street, and C Street. The results were that the fire alarm control panel went into alarm three times while the fire system control panel LED displayed all three active zones. After each alarm input test, the fire system control panel was silenced, but not reset. It is the opinion of David Burns that the fire alarm control panel is operating as required when input devices from separate alarm loops (zones) are tested. It is believed by Mr. Burns that during the survey, the second pull station that was activated was in fact a pull station serving the same</p>		05/21/2011

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K0067 SS=F	<p>box at the A hall was activated and then silenced at the fire alarm system panel, and the B hall pull station box was then activated. The fire alarm system remained in silence mode and did not activate the alarm system box in the B Hall. Based on review of the facilities emergency fire plan titled "Fire Procedures" with the maintenance supervisor and administrator on 04/21/11 at 3:30 p.m., the plan requires zone to zone evacuation so residents will be evacuated from the affected smoke compartment to an unaffected smoke compartment. The fire alarm system not reactivating after a second pull station box was activated was verified by the maintenance supervisor and administrator at the exit conference on 04/21/11 at 3:30 p.m.</p> <p>3.1-19(b)</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observation and interview, the</p>			K0067	<p>zone as the first pull station. In addition to having Crossman Fire Safety review the facility alarm system, the facility has posted an outline of the building reflecting the building zones as indicators of of the information being displayed on the alarm panel LED.2. All residents in the building would have equal potential to be affected as a result of the deficiency of the facility alarm system as cited by the surveyor. The testing of the alarm system by David Burns of Crossman Fire Protection and the results of that test would be the corrective action taken by the facility.3. The testing of the alarm system as described in #1 of this Plan of Correction and the continuation of of its functioning as described would serve as a systemic measure to ensure that no deficient practice continues.4. In all future testing of the facility alarm system, the Maintenance Supervisor will be responsible to ensure that the alarm is also tested to determine that the fire alarm system reactivates after a second pull station from another zone is activated. Failures will be reported immediately to the Administrator for corrective action.</p> <p>Shady Nook Care Cener</p>		05/21/2011

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	<p>facility failed to ensure 5 of 5 egress corridors were not being used as a portion of a return air system/plenum for heating, ventilating, or air conditioning (HVAC) ductwork serving adjoining areas. NFPA 90A, Standard for the Installation of Air Conditioning and Ventilation Systems at 2-3.11.1 requires egress corridors shall not be used as a portion of a supply return or exhaust air system serving adjoining areas. This deficient practice affects all resident in the facility.</p> <p>Findings include:</p> <p>Based on observations on 04/21/11 during a tour of the facility from 11:30 a.m. to 3:15 p.m. with the maintenance supervisor, all rooms in the facility used the egress corridors as a return air system. This was verified by the maintenance supervisor at the time of observations.</p> <p>3.1-19(b)</p>				<p>respectfully requests a continuation of the waiver previously granted in 1990 for K 0067. "Specific life safety code requirements may be waived on an annual (continuing) basis if the noncompliance cannot be corrected without an unreasonable financial hardship on the facility and it does not pose a threat to resident's health and safety."1. Following a 1990 LSC Survey, the facility had installed a system whereby the activation of the fire alarm, including the automatic sprinkler system and the automatic smoke detection system would shut down the supply air fans. The facility was granted a waiver for K 0067, and that waiver has been renewed every year since that date. A request for the continuation of the waiver is attached to this survey response.2. Although all residents in the facility would have the potential to be equally affected, it is believed by this facility that the previously granted waiver and the actions taken by the facility at that time continue to protect all residents. 3. The shut-off system described above serves as a systemic method to ensure the safety of the residents and the integrity of the HVAC system. In addition to this action there are a number of safety measures in the form of tests and inspections that affect the automatic shut off system. A. Crossman Fire and Safety tests</p>		

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					all fire protection devices annually which includes the shutting down of the HVAC (Attachments 1 & 2).B. Eckert Fire Protection Systems tests the facility sprinkler system quarterly. The alarm is tested, shutting down the HVAC (Attachments 4 & 5).C. The facility Maintenance Supervisor performs fire drills quarterly on each shift. On shifts 1 and 2 the alarm is tripped, closing down the HVAC (Attachments 6 & 7);4. The facility Maintenance Supervisor is responsible for ensuring that all tests and inspections are performed in a timely manner. Results of tests and inspections are reveiued by him and are shared with the QA committee when required as part of an audit.		